

Kidneys and supra-renal capsules quite normal.

Near the lower end of the *œsophagus* was a long and wide irregular ulcer with frayed edges. Several veins were close to the surface of this ulcer, and one of them presented an open orifice, whence probably the fatal hemorrhage had occurred. The mucous glands of the tube were elsewhere much swollen.

Within the *stomach* there were five or so of soft blood-clots; the mucous membrane was mammillated, and along the rugæ were streaks of injection; but there was no ulceration at any point. The rest of the alimentary canal was in no respect abnormal, except in containing a grumous, bloody liquid, in not very large quantity. Blood throughout the body much less than normal, almost entirely free from clots. Much fat was present in the abdominal parietes, as well as in connection with the peritoneum covering the different viscera; the great omentum was very thick from fatty deposit.

*Hypertrophy of the Pyloric Extremity of the Stomach.*—Dr. Moss presented this specimen, with the following account:—

The subject of this lesion was a female æt. 52, a native of Alsace. The history of the case is very meagre, as Dr. Thompson, at whose request I made the autopsy, first saw her a week before her death. She had been ailing for several years, and had kept her bed for six months. She was excessively emaciated, and suffered from piercing pain in the epigastrium and from vomiting, soon but not immediately after eating. Very little if any blood appeared in the vomited matters. A hard nodulated tumour of considerable size was detected in the epigastrium; its position was not constant, changing into the left hypochondriac and umbilical regions. Three days before death the patient sank into a stupor, passing her urine and feces involuntarily. Several members of her family had died of phthisis; none had suffered from cancer.

*Autopsy, thirty-six hours after death.*—Cranium not opened.

Thorax, pleura, heart, and pericardium healthy, the latter containing about a wineglassful of fluid. The lungs were healthy, except at their apices, which were sparsely studded with hard cretaceous tubercles; over the left apex there was an old pleuritic adhesion.

*Abdomen.*—The position, size, and structure of the liver were unaltered. The stomach lay under the intestines across the spine; it was markedly enlarged, chiefly in its long axis, and its pyloric extremity was occupied by a hard tumour the size of the fist. A few glands in the vicinity were enlarged, and at its point of contact with the under surface of the liver that organ was rather more than commonly friable. The intestines and other abdominal organs were healthy. The stomach contained a small quantity of thin, dark-coloured fluid and a few lumps of vegetable ingesta. Its mucous surface was of a dull dirty white colour, and, except at the pyloric end, none of its coats were hypertrophied. The tumour entirely surrounded the pyloric end of the stomach, commencing abruptly at the pylorus, extending about four inches towards the cardiac end, and gradually decreasing in thickness, but at its junction with the healthy stomach an abrupt line could be felt. Its mucous coat was of the same colour as that of the rest of the stomach and perfectly intact, except at the lower and cardiac end, where there was an ulcer the size of a quarter dollar, which had destroyed the mucous coat and laid bare numerous transverse fibres in the tissue beneath; the surface of the ulcer was clean and hard, and so pale that it almost escaped detection. The tumour was hard and knobby, and very

tough under the scalpel when cut into. It presented to the eye two distinct layers; the outer one was translucent, of a yellow gelatinous colour, and firm to the touch, being evidently the muscular coat very much hypertrophied; in some places it was one-fourth of an inch thick. The inner layer, which was from one-half to three-fourths of an inch thick, was white, opaque, very tough, and sent off numerous fibres perpendicularly with the muscular coat.

*Under the microscope.*—The white abnormal structure proved to be composed of dense fibrous tissue at various stages of development, white and yellow fibrous tissue, fusiform cells, and roundish cells, the whole covered with fatty molecules. The outer translucent substance, in addition to these elements, was made up of unstriped muscular fibre. I was unable to discern any traces of cancerous structure or arrangement, either in the tumour or in a section taken from one of the neighbouring enlarged glands; I am therefore of opinion that this is a mere hypertrophy of the submucous areolar tissue and of the muscular coat, a lesion less frequently met with than cancer of the stomach, but probably frequently mistaken for it. The aspect of this tumour, the regularity of the arrangement of its elements, the want of fusion of its coats and of stenosis at the pylorus, tend to confirm this diagnosis.

*Varicocele of the Leg.*—Dr. BRINTON exhibited a specimen of injected varicose veins of the leg, removed from ———, an Irishman, æt. 55, who was admitted into the St. Joseph's Hospital with a compound fracture of the middle third of the tibia and fibula, the result of an accident from a passenger railway car. The leg was amputated at the upper third by Dr. McClellan some six hours after the reception of the injury. The hemorrhage after the operation was very abundant, necessitating the application of some fifteen or sixteen ligatures. Many of these were placed upon venous trunks which were discovered to be enormously dilated; their walls were thickened, and when cut across did not contract, but remained patulous. The bleeding was controlled with great difficulty, but by the removal of the tourniquet and the application of the ligatures was finally arrested. The patient did tolerably well for more than a week, despite a considerable oozing of venous character. On the tenth night, however, copious arterial hemorrhage occurred from the stump. This, it was found, could only be arrested by the ligature of the femoral artery, which was accordingly effected beneath the sartorius muscle. The ligature thus applied separated at the expiration of two weeks, and the patient sank from hemorrhage from the wound.

The veins of the leg were injected with wax by Dr. Brinton, a pipe being inserted into the internal saphena vein. The injection filled not only the superficial veins, but also ran into the venæ comites of the anterior tibial artery, which was found to be in an equally dilated condition. The fact of dilatation of the deep muscular veins being oftentimes coincident with spontaneous varicosity of the superficial veins of the lower extremity, has been insisted upon by M. Verneuil in a paper read before the Academy of Medicine at Paris, and the same occurrence has been observed by Dr. S. W. Gross of this city in a specimen recently exhibited to this society.

Dr. Brinton drew the attention of the members to the peculiar formation of fibrous tissue which had developed itself upon the concave portion of every one of the arches formed by the convolutions of the diseased vein. This tissue was so dense and hard as almost to defy removal without injury